

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>G. Givner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. A</p> <p> </p> <p>Troy King Office of the Attorney General Alabama State House 11 South Union Street Montgomery, AL 36130</p>		<p>B. Received by (Printed Name) <i>Givner</i></p> <p>C. Date of Delivery <i>9/18/06</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p><i>2:06cv821-MHT (pet. + order 20 by)</i></p> <p>7005 1160 0001 2962 4653</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	